

### Provider Manual Update Tracking Log

Manual Name	Date of Change	Description of Change
Professional Services	11/30/2010	Breast reduction criteria updated
		Page 9
Professional Services	12/21/2010	Code 96116 added to Mental Health
		Page 46
Professional Services	01/13/2011	Codes 90808 and 90821 added to Mental Health
		Page 47
Long Term Care	03/30/2011	Spelling error corrected
		Page 23
Nutritional	09/01/2011	Timely filing corrected
		Page 21
Professional Services	09/12/2011	Laboratory Policy Update
		Pages 18 and 68
Institutional	09/12/2011	Laboratory Policy Update
		Pages 12 and 36
Professional Services	10/04/2011	Adjustment Claims Update
		Page 72
Professional Services	10/25/2011	Hysterectomy and Sterilization Form Updates
		Pages 13 and 15
Institutional	10/25/2011	Hysterectomy and Sterilization Form Updates
		Pages 17 and 19
Long Term Care	01/12/2012	Locator 4 Update
		Page 24
Institutional	04/12/2012	Locator 4 Update
		Page 24
Professional Services	08/30/2012	Durable Medical Equipment
		Page 22
Institutional	09/14/2012	Discharge Status Update
		Locator 17
		Page 31
Long Term Care	09/14/2012	Discharge Status Update
		Locator 17
		Page 25
Institutional	09/24/2012	Hospital Readmission Payment
		Page 10
Hospice	10/29/2012	New Manual
		Various Updates
Long Term Care	11/30/2012	New Template
		Various Updates
Long Term Care	12/05/2012	Hospital Outpatient
		Page 23
Professional Services	01/16/2013	New Template
		Various Updates
		Mental Health Services
		Page 56-57
Institutional	01/16/2013	New Template
		Various Updates
Family Planning	01/16/2013	New Template
		Various Updates
Nutritional	01/16/2013	New Template
		Various Updates

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<b>Family Planning</b>	03/05/2013	Launchpad Instructions
<b>Professional Service</b>		
<b>Institutional</b>		
<b>Nutrition</b>		
<b>Long Term Care</b>		
<b>Long Term Care</b>	05/06/2013	Add revenue code 559 to allowed list of revenue codes.
<b>Professional Services</b>	11/27/2013	Revised language for Reimbursement on page 48; removed Emergent Managed Care Exemption code from page 83 block 10
<b>Professional Services</b>	12/16/2013	Revised language in Managed Care and attached Appendix A to Managed Care chapter.
<b>Professional Services</b>	02/19/2014	Changed RP modifier to RB for replacement or repair.
<b>All Manuals</b>	06/19/2014	Added more language to TPL payments under general provisions.
<b>Professional Services</b>	04/02/2015	Provider Responsibility pages 2-4
		Telemedicine pages 22-23
		Telemedicine Billing Requirements page 24
		Certificate of medical Necessity page 31
		Billing Instructions for Blocks 24, 29, 31, and 33
<b>All Manuals</b>	09/01/2015	Updated to provide instruction for ICD-10.
<b>Professional Services</b>	10/26/2015	Updated Professional Services Manual to include the Family Planning, Nutritional Therapy, and Birth to Three Manuals.
<b>Family Planning</b>	10/26/2015	The information that was in this manual has now been added to the Professional Services Manual.
<b>Nutritional Therapy</b>	10/26/2015	The information that was in this manual has now been added to the Professional Services Manual.
<b>Birth to Three</b>	10/26/2015	The information that was in this manual has now been added to the Professional Services Manual.
<b>Institutional</b>	11/16/2015	Updated the Institutional Manual to include the Long Term Care and Hospice Manuals.
<b>Long Term Care</b>	11/16/2015	The information that was in this manual has now been added to the Institutional Manual.
<b>Hospice</b>	11/16/2015	The information that was in this manual has now been added to the Institutional Manual.
<b>All Manuals</b>	01/25/2016	Updated all manuals with information regarding provider responsibility. This update is found on page 3.
<b>Professional Services and Institutional</b>	01/25/2016	Updated the billing instructions section.
<b>Pharmacy</b>	01/25/2016	Updated the number reported to be an NPI number or a DEA number. This update is found on page 18 and 30.
<b>Professional Services</b>	02/03/2016	Updated transportation section stating that it is required to put the origin and destination on transportation claims. This update is found on page 109.
<b>Institutional</b>	03/30/2016	Updated page 15 under "determination of emergency care". Updated billing instructions section in locators 12-13, 50, 54, 78-79. These updates can be found on pages 57, 61, and 64. Updated crossover billing instructions section in locators 12-16, 43, 47-48, 50, 54, and 78-79. These updates can be found on pages 70-71, 74-75, and 78.
<b>Institutional</b>	07/01/2016	Page 26 - LARC; Page 48-49 - Payment for Hospice Services; Page 56 & 70 - Bill Type; Page 59 & 74 - Revenue Code; Page 60 & 74 - Revenue Description
<b>Professional Services</b>	07/01/2016	Page 8 - Paper Claims; Page 111 - LARC; Page 124 - 126 and 134 -135 - Block 24 A and F; Page 25 - ABA Therapy; Page 118 - Ordered, Referred, or Prescribed Services
<b>Institutional</b>	10/31/2016	Ordered, Referred, and Prescribed(ORP) NPI Requirements - Page 64, 65, 78, and 79.

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<b>Professional Services</b>	10/31/2016	Transportation Updates - Pages 99 - 107; Covered Mental Health Diagnosis Codes - Pages 70 - 83; Block 24 - Pages 120 - 123 and 130 - 133; Ordered, Referred, and Prescribed(ORP) NPI Requirements - Pages 119, 123, 129, and 133.
<b>Institutional</b>	12/05/2016	Telemedicine - Pages 27 - 30
<b>Professional Services</b>	12/05/2016	Telemedicine - Pages 22-25; Substance Use Prior Authorization Page 85
<b>Professional Services</b>	03/01/2017	Physician Covered and Non-covered Services - Pages 12 and 13; Place of Service codes - Pages 122-123 and 133-134, SURS Email - Page 10, Taxonomy Requirement - Pages 124, 126, and 134 -135
<b>Institutional</b>	03/01/2017	Inpatient Psychiatric Hospital - Page 14, SURS Email - Page 11
<b>HIPAA X12 Companion Guide</b>	03/08/2017	NPI and Taxonomy requirements to match billing manual updates made October 2016
<b>Professional Services</b>	04/28/2017	School Districts Care Plan Requirement - Page 86; Nursing T1002 - Page 87
<b>Institutional</b>	08/04/2017	Mental health hold clarification - Page 14
<b>Professional Services</b>	08/16/2017	Replaced "Managed Care" with "Primary Care Provider Program" throughout; Mental health hold clarification - Page 13; CFR DME requirements - Page 42 and 50; Genetic testing - Pages 28-30; Certificate of Medical Necessity Appendix language removed - Page 38-39, 41-42; Therapy assistant language added - Pages 88-89; LARC - Pages 98 and 113; Secure transportation language - Pages 104-110; Box 24 Shaded Portion - Medicare/Advantage data - Page 125.
<b>Institutional</b>	10/12/2017	Added "NOTE" regarding inpatient less than 24-hours-Page 13; Added "NOTE" regarding outpatient (under 24-hours)-Page 14; Added "Point of Origin for Admission or Visit-Pages 59-60 and 77; Updated "Patient Status Codes" - Pages 60-63 and 78-80.
<b>Institutional</b>	10/27/2017	Added "NOTE" regarding Hospital Reserve Days/Therapeutic Leave Days-APRT units. Page 34
<b>Professional Services</b>	10/31/2017	Page 38- Remove the word "nutritional"; Page 41- Add 10. When oxygen is being prescribed please submit the results of the most recent O2 test, the condition of the test (at rest, during exercise, during sleep), as well as the flow rate in liters per minute. In order for portable oxygen to be covered, the recipient must be mobile within the home; Page 43- 6. Remove CMN and add PA verbiage; Page 89- Added Prolonged Assistance verbiage; Page 92- Remove reference to "School District Services" Chapter; Page 128- Added Note 4; Page 129- Added note to Block 33.
<b>Health Home</b>	11/28/2017	Page 11 - Added: To submit paper claims to South Dakota Medicaid providers are required to use the original National Standard Form (CMS 1500) printed in red ORC ink and the claim must be typewritten. Data on claims will need to be in exact fields and cannot crossover into incorrect fields. Page 13 - Added: Contact—Please email SURS@state.sd.us with any questions or concerns. Page 20- Added a table for Submission Date/Submission Period. Page 22- Added the sentence: Performance Measures are made up of Clinical Outcome Measures, Process Measures, and Utilization Measures. Outcome measures must be submitted for every recipient where a core service was claimed. In the absence of outcomes data, DSS will draw back the PMPM paid to the provider.
<b>Professional Services</b>	01/22/2018	Page 12 - Added "other licensed practitioner" definition. Use of this term is now included throughout the manual. Page 41 - Updated rental equipment information. Page 125 & 136 - Updated Medicare billing information. Page 127 - Clarified billing information for School Districts

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<b>Institutional</b>	01/22/2018	Page 12 - Added "other licensed practitioner" definition. Use of this term is now included throughout the manual. Page 33 & 34 Clarified Leave and reserve bed days. Page 51& 81 - Updated skilled nursing codes. Page 68, 71. 73, 85, & 87 - Updated billing instructions for Adjustment and Voids.
<b>Professional Services</b>	01/31/2018	Page 44 - Added SUPPLIES INCLUDED IN RENTAL PAYMENT section
<b>Professional Services</b>	02/02/2018	Page 72 - Code Update
<b>Professional Services</b>	03/01/2018	Page 12- Covered Services; Page 13 - Non-Covered Health Services; Page 23 - 25 - Updated Telemedicine CPT Table;
<b>Institutional</b>	03/01/2018	Page 5 - Claim Submission to Third-Party Source; Page 14 & 15 - InPatient Psychiatric Hospital; Page 68 & 85 - Locator 64; Page 88 - Updated void information;
<b>Professional Services</b>	05/03/2018	Page 22, 73, & 98 - Updated code descriptions; Page 30 - added Physician Administered Drugs; Page 105 - clarified ground ambulance information
<b>Professional Services</b>	05/24/2018	Page 105 & 106 - Clarified ground ambulance information and added Basic Life Support (BLS) and Advanced Life Support (ALS) information
<b>Professional Services</b>	06/26/2018	Page 60 - Clarified Care Coordination Agreement for Indian Health Services; Page 90 - Clarified the Primary Care Provider requirement for School Claims
<b>Professional Services</b>	08/15/2018	Page 35 - Updated restrictions section to align with plan year
<b>Professional Services</b>	09/12/2018	Page 13 - Added policy regarding CPT 99360 - Physician Standby services.
<b>Dental</b>	10/16/2018	Pages 40 & 41 - Clarified adult \$1,000 maximum Pages 35, 36 & 47 - Added Information regarding Third Molar Referral Form
<b>Professional Services</b>	10/17/2018	Page 87 - Clarified mental health codes Pages 44 & 45 -Clarified earing coverage Page 95 - Clarified school district billable units Page 129 &140 - Clarified DN qualifier requirement